

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>19</i>	<i>32</i>	<i>7/19</i>
FORMALITY REVIEW	<i>K.S.</i>	<i>116</i>	<i>08/23/01</i>
RESPONSE FORMALITY REVIEW	<i>MTB</i>	<i>454</i>	<i>11/3/01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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Best Available Copy

If more than 150 claims or 10 actions  
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*MT*  
*8-23-01*  
*UC 907*  
*SC-571*  
*11/25/01*